

# International Society of Nephrology

## MEMBERSHIP

The ISN provides an international forum for the exchange of knowledge, best clinical practice, and research. Since it was founded in 1960, the Society has constantly made major contributions to the worldwide advancement of education, science, and patient care in nephrology.

The ISN's more than 7000 members include researchers and clinicians from over 100 countries involved in basic, translational, and applied science. Through this global network of professionals, the ISN is focused on designing programs that aim to understand and diagnose kidney disease and provide suitable treatment, either to prevent the disease or slow its progression.

Join the ISN today and become a member of the world's leading network of nephrologists. Membership includes a 1-year subscription to *Kidney International* and a number of other exclusive benefits.

For complete information relating to membership or any the ISN's programs and activities, please visit the Membership section of the ISN Web site at <http://www.isn-online.org> or by contacting the ISN Global Headquarters at Avenue des Gaulois, 7, B-1040, Brussels, Belgium. Telephone: +32-2-743 1546; Fax: +32-2-743 1550; E-mail: [info@isn-online.org](mailto:info@isn-online.org)

## MEETING ANNOUNCEMENTS

*The X European Meeting on Cardionephrology* will be held April 1-3, 2004, in Assisi, Italy. The main topics of this meeting are atherogenesis in nephropathies; early cardiovascular derangement in renal patients; function of right ventricle in uremia; coronary heart disease in uremic patients; emerging role of oxidative stress; sudden death in dialysis patients; cardiovascular instrumentation in cardiorenal diagnosis; whether convective methods protect the cardiovascular system; clinical insight for sartans in cardiorenal protection; genetic modulation of organ damage in hypertension; cardiorenal protection in diabetes; and cardiovascular disease after renal transplantation. For further information, contact: Prof. Mario Timio, Department of Internal Medicine, Nephrology & Dialysis, General Hospital 06034, Foligno, Italy. Telephone: +39-0743-339760/339762; Fax: +39-0742-339310; E-mail: [timma@libero.it](mailto:timma@libero.it) or

[nefrofo1@asl3.umbria.it](mailto:nefrofo1@asl3.umbria.it); Web site: <http://www.renalgate.it/cardionephrology2004.html>

*The XIII Latin American Congress of Nephrology and Hypertension* will be held April 21-24, 2004, at the Convention Center of the Conrad Resort & Casino, in Punta del Este, Uruguay. This congress is being organized by the Latin American Society of Nephrology and Hypertension (SLANH) and the Uruguayan Society of Nephrology (SUN). For further information, contact: Secretariat of the Event, Av. 8 de Octubre 2393 Of. 305, Montevideo, Uruguay. Telephone/Fax: ++ 598 2 408 29 51 or ++ 598 408 10 15; E-mail: [slanh2004@personas.com.uy](mailto:slanh2004@personas.com.uy)

*The Neckers Seminars in Nephrology* will be held April 26-28, 2004, at the Maison de la Chimie, 28 Rue Saint-Dominique, 75341 Paris Cédex 07. For further information, contact: Philippe Lesavre, service de Néphrologie, Hôpital Necker, 161 rue de Sèvres, 75743 Paris Cédex 15, France. Telephone: (33) 01-44-49-49-78; Fax: (33) 01-44-49-54-50; E-mail: [lesavre@necker.fr](mailto:lesavre@necker.fr); Web site: [http://www.soc-nephrologie.org/congress/PDF/2004/04\\_Necker.pdf](http://www.soc-nephrologie.org/congress/PDF/2004/04_Necker.pdf)

*The 3rd International Congress on Immunointervention in Nephrology* will be held from April 29 to May 1, 2004, in Chia Laguna, Cagliari, Sardinia, Italy. This meeting, organized by P. Altieri and C. Ponticelli, will focus on therapeutic strategies in clinical nephrology, kidney transplantation, and dialysis, and will include lectures from international invited speakers, roundtable discussions, poster sessions, and free communications. The deadline for abstracts is February 15, 2004. For further information, contact: Paolo Altieri, M.D., Dipartimento di Nefrologia Dialisi e Trapianto, Ospedale San Michele, Azienda G. Brotzu, via Peretti, 09134 Cagliari, Italy. Telephone and Fax: ++39 070 539491; E-mail: [paaltie@tin.it](mailto:paaltie@tin.it). Or, contact OMNIA Meeting: Telephone: ++ 39 0645339; Fax: ++ 30 064815339; E-mail: [omnia.meeting@interbusiness.it](mailto:omnia.meeting@interbusiness.it); Web site: <http://www.omniameeting.com>

*European Diabetic Nephropathy Study Group (EDNSG)* will be held May 7 and 8, 2004, in Bergamo, Italy. All abstracts on any topic relating to diabetic nephropathy research should be submitted by e-mail (to the address below) with the abstract as an attachment in a rich text format (RTF) or as a Word file. Abstracts should be written with the following headings: Objective, Design, Setting, Patients, Main Outcome Measurements, Results, and Conclusion. The length of the abstract should not exceed on side of an A4 paper, with margins

of 2.5 cm, and a font size no smaller than Times 12. Abstracts submitted by fax should also be sent by mail (5 sets) by January 10, 2004 to Dr. Roberto Trevisan, Secretary of EDNSG, U.O. Diabetologia, Ospedali Riuniti di Bergamo, Largo, Barozzi 1, 24128 Bergamo, Italy. Fax: +39 35 266889; E-mail: [robby.trevisan@tin.it](mailto:robby.trevisan@tin.it) or [retrevisan@ospedaliriuniti.bergamo.it](mailto:retrevisan@ospedaliriuniti.bergamo.it)

*The 3rd International Course on Critical Care Nephrology* will be held June 1-4, 2004, at the Congress center Ente Fiera, Vicenza, Italy. For further information, contact: Dr. Anna Saccardo, Studio Saccardo, Via Bertesina, 394, 36100, Vicenz, Italy. Telephone/Fax: +39 444 993949; E-mail: [info@vicenzanephrocourses.com](mailto:info@vicenzanephrocourses.com); Web site: <http://www.vicenzanephrocourses.com>

*The 12th International Congress on Nutrition and Metabolism in Renal Disease* will be held June 19-22, 2004, in Venice/Padua, Italy. The chairpersons for the congress are Giuseppe Bucciante and Gianfranco Guarnieri. For further information, contact: the Scientific Secretariat, Annamaria Bernardi at E-mail: [annamaria.bernardi@libero.it](mailto:annamaria.bernardi@libero.it); or the Organizing Secretariat, Meet and Work, Piazza del Sole e della Pace, 5, 35031 Abano Terme (Padova), Italy. Telephone: + 39 049 8601818; Fax: + 39 049 8602389; E-mail: [meet@meetandwork.com](mailto:meet@meetandwork.com); Congress Web site: <http://www.nutrition.metabolism-2004.it>

*The ISN 2004 Conference on Prevention of Progression of Renal Disease* will be held June 29-July 1, 2004, at the Hong Kong Convention and Exhibition Center in Hong Kong. The Hong Kong Society of Nephrology is the host organizer for this meeting in conjunction with the ISN. This is the first ISN thematic conference held in Asia on the prevention of progression of renal disease. It will explore, in a multidisciplinary approach, the latest basic and clinical aspects on chronic renal failure and the prevention of its progression. It will also discuss the economic consequences of chronic renal failure and its global health care. A global consensus will be presented, and a way forward to help counter chronic renal disease worldwide will evolve. An outstanding international cast of speakers has been assembled to present the topics like health economics, diabetic nephropathy, glomerulonephritis, basic research, genetics, drugs and herbs, hypertension and cardiovascular diseases, renal screening programs, and blueprints for prevention. For further information, contact: Conference Secretariat, c/o International Conference Consultants, Ltd., Units 501-3, 5/F, Far East Consortium Building, 121 Des Voeux Road Central, Hong Kong. Telephone: (852) 2559 9973; Fax: (852) 2547 9528; E-mail: [info@isn2004hkconference.org](mailto:info@isn2004hkconference.org); Web site: <http://www.iwn2004hkconference.org>

*The First Australasian Home Haemodialysis Workshop "A multidisciplinary workshop for health professionals, patients, and supporters"* will be held July 22-24, 2004 at the Hotel Grand Chancellor, Christchurch,

New Zealand. For further information, contact: Amanda Sharman, C/- Conference Innovators, Ltd., P.O. Box 13 494, Christchurch, New Zealand. E-mail: [Amanda@conference.co.nz](mailto:Amanda@conference.co.nz). The first announcement call for poster abstract information is available via the HHW2004 Web site: <http://www.conference.co.nz/hhw2004>.

## AWARDS AND GRANTS

### The Bernd Tersteegen Award 2004

The Deutsche Dialysegesellschaft niedergelassener Ärzte e. V. (DDnÄ), the German Society of Nephrologists in Private Practice, would like to announce the Bernd Tersteegen Award 2004. The award (8,000 Euro) is sponsored by Hoffmann-La Roche AG (Grenzach-Wyhlen/Germany) and will be given annually.

Only original scientific papers either published in the last year (2003/2004) or as yet unpublished will be accepted. Papers should be written in German or English. Reviews and dissertations will not be accepted nor will papers already entered in other competitions. If the paper represents the work of multiple authors, a single author should be chosen to represent the group. A curriculum vitae in shortened form, as well as a list of publications to date, should also be submitted.

Five copies of the submitted paper, curriculum vitae, and publication list should be sent by July 15, 2004, to: Deutsche Dialysegesellschaft niedergelassener Ärzte e. V., Dr. med. Werner Kleophas, President, Postfach 132304, D 42050 Wuppertal.

The award will be presented at the annual meeting in 2004 of the DDnÄ on November 13, 2004, in Mannheim, Germany.

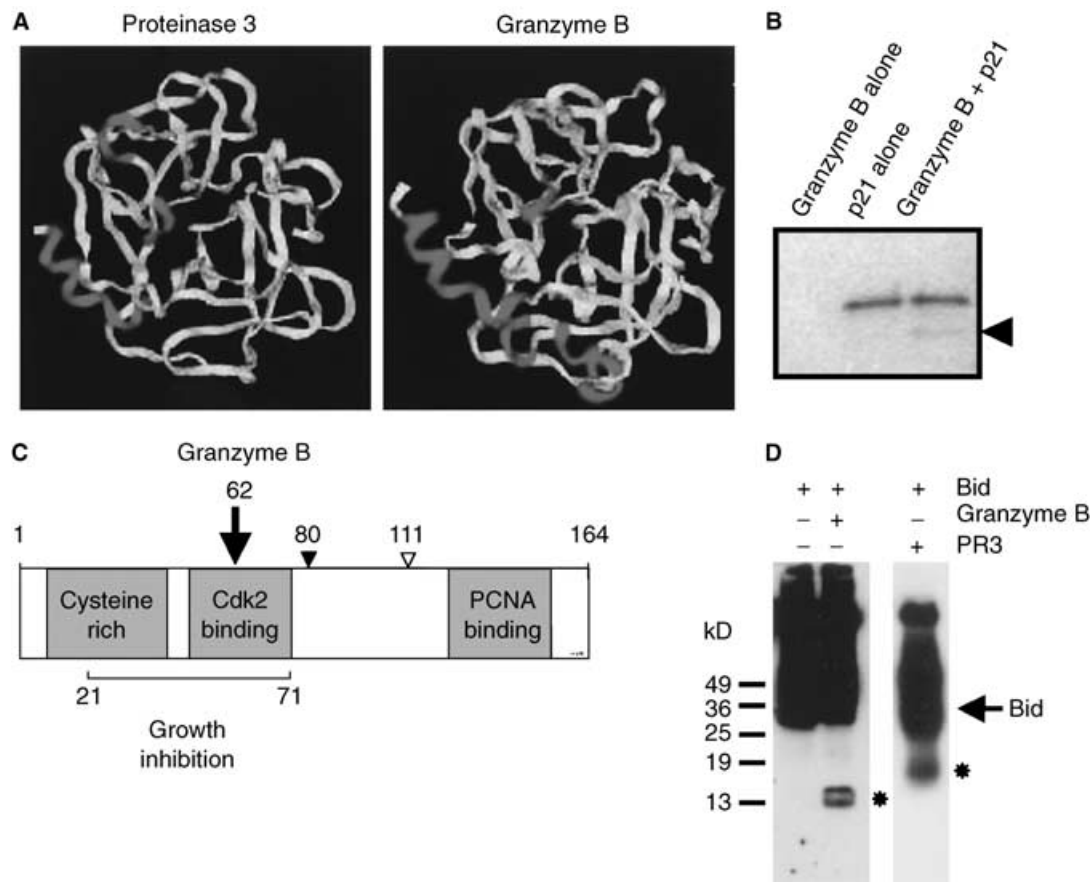
## BOOKS RECEIVED

*Proteomics in Nephrology*, edited by Visith Thongboonkerd and Jon B. Klein. Basel: S. Karger, 2004. ISBN 3-8055-7636-6. This 336-page hardbound text continues a long tradition of the *Contributions to Nephrology* series, edited by Claudio Ronco. ISSN: 0302-5144. Volume 141 of this series is divided into three parts—an overview, the principles of commonly used proteomic techniques, and applications of proteomics to nephrology. Specific topics range from sample preparation for two-dimensional proteomic analysis to urinary proteomics and biomarker discovery for glomerular diseases. The text includes 76 figures, 19 of which are reproduced in color, and 21 tables. Each of the 21 contributions has a comprehensive set of references and the text includes both a subject and author index. The cost of this text is 228.00 CHF, 163.00 Euro, and \$198.25 US.

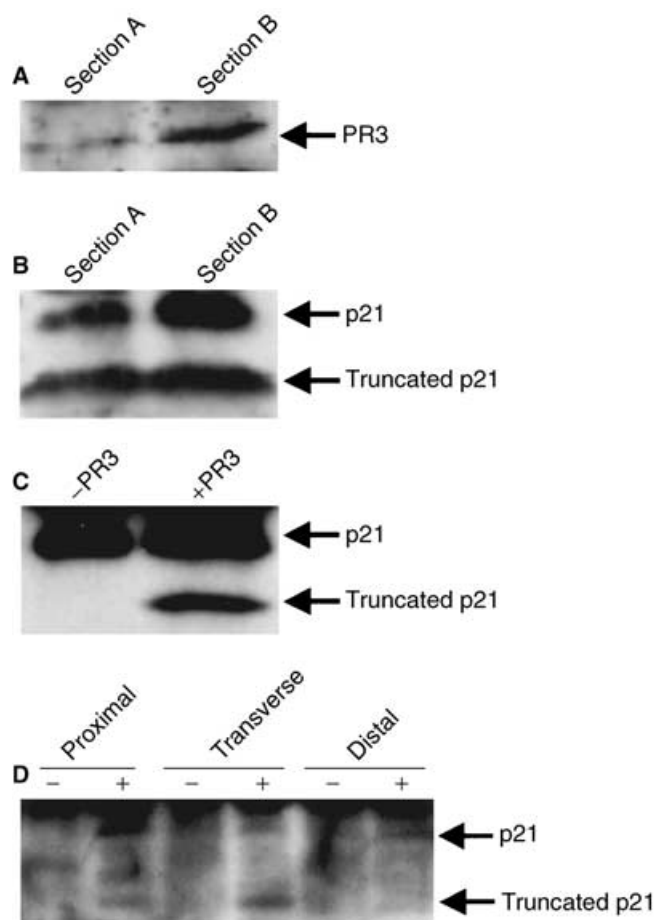
## ERRATA

PENDERGRAFT WF III, RUDOLPH EH, FALK RJ, JOHN JE, GRIMMLER M, HENGST L, JENNETTE JC, PRESTON GA: Proteinase 3 sidesteps caspases and cleaves<sup>p21Waf1/Cip1/Sdi1</sup> to induce endothelial cell apoptosis. *Kidney Int* 65:75–84, 2004

In the above-cited article, on pages 81 and 82, figures 5 and 6 should appear as follows:



**Fig. 5. Structurally similar proteinase 3 (PR3) and granzyme B cleave p21 and Bid.** (A) Ribbon diagrams of PR3 and granzyme B with alpha-helical domains highlighted in red to illustrate structural similarity between these two proteases [55, 56]. (B) Recombinant p21 was incubated with granzyme B and resultant peptide fragments were visualized by Coomassie stain of an 18% sodium dodecyl sulfate (SDS) gel. Arrowhead indicates cleavage product that was excised for sequencing. (C) Schematic representation of human p21 depicts the cleavage sites of granzyme B (solid arrow), PR3 (closed arrowhead), and caspase-3 (open arrowhead). (D) Bid, immunopurified from human umbilical vein endothelial cells (HUVEC) lysate, was incubated with granzyme B or PR3. Both proteases cleaved Bid; however, cleavage products differed in size (\*).



**Fig. 6. A p21 cleavage product exists in inflamed human colonic tissue.** Grossly normal (section A) and inflamed colon tissue (section B) were removed from a patient with Crohn's disease undergoing colonic resection and anastomosis. (A) Immunoblotting was performed for proteinase 3 (PR3). (B) Immunoblotting for p21 and truncated p21. (C) Human umbilical vein endothelial cells (HUVEC) with or without PR3 served as controls for the PR3-generated p21 fragment. (D) Inflamed proximal and transverse colon tissue and grossly normal distal colon tissue was removed from an ulcerative colitis patient undergoing colonectomy. p21 was immunoprecipitated from homogenized samples using either a non-specific antibody (–) or an anti-p21 antibody (+), and immunoblotted for p21.

The authors apologize for the error.

WUERZNER G, CHICLÉRO A, MAILLARD, M NUSSBERGER J, BRUNNER HR, BURNIER M: Angiotensin II receptor blockade prevents acute renal sodium retention induced by low levels of orthostatic stress. *Kidney Int* 65:238–244, 2004

In the above-cited article, on p 238, the authors' names should read as follows:

WUERZNER G, CHIOLÉRO A, MAILLARD, M NUSSBERGER J, BRUNNER HR, BURNIER M:

The authors apologize for the error.

WEENING JJ, D'AGATI VD, SCHWARTZ MM, SESHAN SV, ALPERS CE, APPEL GB, BALOW JE, BRUIJN JA, COOK T, FERRARIO F, FOGO AB, GINZLER EM, HEBERT L, HILL G, HILL P, JENNETTE JC, KONG NC, LESAVRE P, LOCKSHIN M, LOOI L-M, MAKINO H, MOURA LA, NAGATA M, ON BEHALF OF THE INTERNATIONAL SOCIETY OF NEPHROLOGY AND RENAL PATHOLOGY SOCIETY WORKING GROUP ON THE CLASSIFICATION OF LUPUS NEPHRITIS: The classification of glomerulonephritis in systemic lupus erythematosus revisited. *Kidney Int* 65:521–530, 2004

In the above-cited article, on page 525, Tables 3 and 4 should read as follows:

**Table 3.** International Society of Nephrology/Renal Pathology Society (ISN/RPS) 2003 classification of lupus nephritis

<b>Class I</b>	<b>Minimal mesangial lupus nephritis</b> Normal glomeruli by light microscopy, but mesangial immune deposits by immunofluorescence
<b>Class II</b>	<b>Mesangial proliferative lupus nephritis</b> Purely mesangial hypercellularity of any degree or mesangial matrix expansion by light microscopy, with mesangial immune deposits A few isolated subepithelial or subendothelial deposits may be visible by immunofluorescence or electron microscopy, but not by light microscopy
<b>Class III</b>	<b>Focal lupus nephritis<sup>a,b</sup></b> Active or inactive focal, segmental or global endo- or extracapillary glomerulonephritis involving <50% of all glomeruli, typically with focal subendothelial immune deposits, with or without mesangial alterations
Class III (A)	Active lesions: focal proliferative lupus nephritis
Class III (A/C)	Active and chronic lesions: focal proliferative and sclerosing lupus nephritis
Class III (C)	Chronic inactive lesions with glomerular scars: focal sclerosing lupus nephritis
<b>Class IV</b>	<b>Diffuse lupus nephritis<sup>a,b</sup></b> Active or inactive diffuse, segmental or global endo- or extracapillary glomerulonephritis involving ≥50% of all glomeruli, typically with diffuse subendothelial immune deposits, with or without mesangial alterations. This class is divided into diffuse segmental (IV-S) lupus nephritis when ≥50% of the involved glomeruli have segmental lesions, and diffuse global (IV-G) lupus nephritis when ≥50% of the involved glomeruli have global lesions. Segmental is defined as a glomerular lesion that involves less than half of the glomerular tuft. This class includes cases with diffuse wire loop deposits but with little or no glomerular proliferation.
Class IV-S (A)	Active lesions: diffuse segmental proliferative lupus nephritis
Class IV-G (A)	Active lesions: diffuse global proliferative lupus nephritis
Class IV-S (A/C)	Active and chronic lesions: diffuse segmental proliferative and sclerosing lupus nephritis
Class IV-G (A/C)	Active and chronic lesions: diffuse global proliferative and sclerosing lupus nephritis
Class IV-S (C)	Chronic inactive lesions with scars: diffuse segmental sclerosing lupus nephritis
Class IV-G (C)	Chronic inactive lesions with scars: diffuse global sclerosing lupus nephritis
<b>Class V</b>	<b>Membranous lupus nephritis</b> Global or segmental subepithelial immune deposits or their morphologic sequelae by light microscopy and by immunofluorescence or electron microscopy, with or without mesangial alterations Class V lupus nephritis may occur in combination with class III or IV in which case both will be diagnosed Class V lupus nephritis may show advanced sclerosis
<b>Class VI</b>	<b>Advanced sclerosing lupus nephritis</b> ≥90% of glomeruli globally sclerosed without residual activity

Indicate and grade (mild, moderate, severe) tubular atrophy, interstitial inflammation and fibrosis, severity of arteriosclerosis or other vascular lesions.

<sup>a</sup>Indicate the proportion of glomeruli with active and with sclerotic lesions.

<sup>b</sup>Indicate the proportion of glomeruli with fibrinoid necrosis and with cellular crescents.

**Table 4.** Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003)

Class I	Minimal mesangial lupus nephritis
Class II	Mesangial proliferative lupus nephritis
Class III	Focal lupus nephritis <sup>a,b</sup>
Class IV	Diffuse segmental (IV-S) or global (IV-G) lupus nephritis <sup>a,b</sup>
Class V	Membranous lupus nephritis <sup>c</sup>
Class VI	Advanced sclerosing lupus nephritis

Indicate and grade (mild, moderate, severe) tubular atrophy, interstitial inflammation and fibrosis, severity of arteriosclerosis or other vascular lesions.

<sup>a</sup>Indicate the proportion of glomeruli with active and with sclerotic lesions.

<sup>b</sup>Indicate the proportion of glomeruli with fibrinoid necrosis and with cellular crescents.

<sup>c</sup>Class V may occur in combination with class III or IV, in which case both will be diagnosed.

The Editorial Office apologizes for the error.

**FOR SUBMISSION OF MANUSCRIPTS  
AND ANNOUNCEMENTS**

Manuscripts must be submitted online to the *Kidney International* Web site (<http://ki.manuscriptcentral.com>). All related editorial correspondence should be submitted to:

Saulo Klahr, M.D.  
Editor, *Kidney International*  
Washington University School of Medicine  
at Barnes-Jewish Hospital (North Campus)  
Department of Medicine, Suite 4300  
216 South Kingshighway  
St. Louis, Missouri 63110-1092, USA

For manuscripts prior to acceptance, please contact:

Mrs. Patricia Morrissey  
Telephone: 314-454-8919  
Facsimile: 314-454-8907  
E-mail: [pmorris@im.wustl.edu](mailto:pmorris@im.wustl.edu)

Ms. Sarah Nalley  
Telephone: 314-454-8898  
Facsimile: 314-454-8907  
E-mail: [snalley@im.wustl.edu](mailto:snalley@im.wustl.edu)

For manuscripts after acceptance, please contact:

Mrs. Katherine Spakowski  
Telephone: 314-454-7016  
Facsimile: 314-454-8907  
E-mail: [kspakows@im.wustl.edu](mailto:kspakows@im.wustl.edu)

Ms. Rebecca Meiser  
Telephone: 314-454-8916  
Facsimile: 314-454-8907  
E-mail: [rmeiser@im.wustl.edu](mailto:rmeiser@im.wustl.edu)